State of California-Health and Welfare Agency Form Approved OMB No. 2050--0039 (Expires 9-30-88) Department of Health Services Toxic Substances Control Division Sacramento, California Please print or type. (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No UNIFORM HAZARDOUS Manifest 2. Page 1 Information in the shaded areas C A D 98 2 0 18 7 23 WASTE MANIFEST is not required by Federal law. 3. Generator's Name and Mailing Address A. State Manifest Document Number COMPETITIVE TRAILERS 87507054 8832 Ramona Ave., Bellflower, CA 90706 B. State Generator's ID Generator's Phone 213) 634-2006 Transporter I Company Name US EPA ID Numbe C. State Transporter's ID 905083 BETTERBILT CHEMICALS, INC. 9, 81, 6, 8 D. Transporter's Phone 213) 949-0668 Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Facility's ID CIAIDIO1412121450011 OMEGA RECOVERY SERVICES H. Facility's Phone 12504 E. Whittier Blvd. C A D 04 2 2 45 0 0 698-0991 Whittier, CA 90602 14. Unit Wt/Vo 13. Total 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Quantity Waste No. No. Type State 214 WASTE, FLAMMABLE LIQUID N.O.S. UN1993 EPA/Other H D001 State EPA/Other State EPA/Other State EPA/Other J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above 01 WASTE WASH THINNER d. 15. Special Handling Instructions and Additional Information USE GLOVES & GOGGLES GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed; marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of irealment, storage, or disposal currently available to me which minimizes the present and luture threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Month Day Year Printed: Typed Name Signature 17 Transporter 1 Acknowledgement of Receipt of Materials Month Day Year Printad Typed Name PATCHARD SENTENDEDDIE TOLLES 121010V Transporter 2 Acknowledgement of Receipt of Materials Printed Typed Name Month Day Yes Din LIKENS 1818 19 Discrepancy Indication Space C 20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed Type Month Day 1/19 1-587

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN & ALIFORNIA CALL 1-800-852-7550

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

. To: P.O. Box 3000, Sacramento, QA - 95812

DHS 8022 A (1.87)

EPA 8700-22 (Rev. 9-86) Previous aditions are obsolete INSTRUCTIONS ON THE BACK